

07 - 477

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREPAUL Smith

Plaintiff

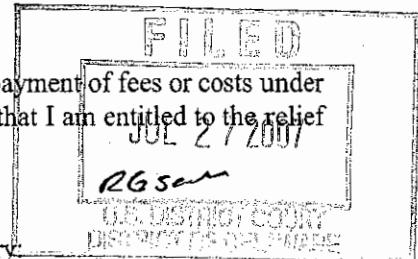
Regional Medical Test Correctional et al
Defendant(s)PAUL J SmithAPPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 07 - 477

declare that I am the (check appropriate box)

• • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury.

1. Are you currently incarcerated? Yes No (If "No" go to Question 2)If "YES" state the place of your incarceration DELAWARE Correctional CenterInmate Identification Number (Required): 0014003Are you employed at the institution? No Do you receive any payment from the institution? NoAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? Yes No

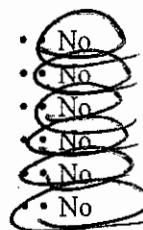
a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 1993

3. In the past 12 twelve months have you received any money from any of the following sources?

- a. Business, profession or other self-employment
- b. Rent payments, interest or dividends
- c. Pensions, annuities or life insurance payments
- d. Disability or workers compensation payments
- e. Gifts or inheritances
- f. Any other sources

- Yes
- Yes
- Yes
- Yes
- Yes
- Yes



If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts?

Yes No

If "Yes" state the total amount \$ ZERO

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

Yes No

If "Yes" describe the property and state its value

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

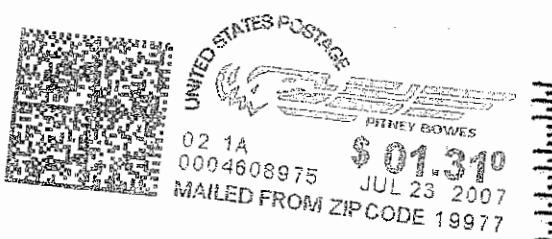
07-20-07

DATE

Paul Smith

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.



IM Paul Smith
SBI#00143003 UNIT W-I-04
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

Clerk of Court
U.S. District Court
Lockbox 18
844 N. King Street
Wilmington, Delaware
19801

ATT. Legal Mail

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DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

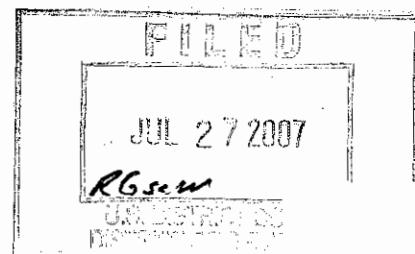
TO: Paul Smith SBI#: 142003

FROM: Stacy Shane, Support Services Secretary

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RE: 6 Months Account Statement

DATE: July 23, 2007



Attached are copies of your inmate account statement for the months of
January, 2007 to June 30, 2007.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Jan</u>	<u>0</u>
<u>Feb</u>	<u>0</u>
<u>March</u>	<u>0</u>
<u>April</u>	<u>0</u>
<u>May</u>	<u>1.51</u>
<u>June</u>	<u>0</u>

Average daily balances/6 months: .25

Attachments

CC: File

Stacy Shane
7/23/07

Paraprofessional
7/23/07

Individual Statement

From January 2007 to June 2007

Date Printed: 7/23/2007

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SBI	Last Name	First Name	MI	Suffix	Comments:	Beginning Month Balance:	\$0.00	Ending Month Balance:	\$0.00
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO# / Ck#	Pay To	Source Name
Commitments	5/24/2007	\$0.00	\$0.00	\$0.00	\$0.00	432543			C&T
Commitments	5/25/2007	\$7.96	\$0.00	\$0.00	\$7.96	433040			
Medical	5/25/2007	(\$2.00)	\$0.00	\$0.00	\$5.96	433192			D PARKER
Mail	5/31/2007	\$1.00	\$0.00	\$0.00	\$6.96	435107	10703274851		B WRIGHT
Mail	5/31/2007	\$4.00	\$0.00	\$0.00	\$10.96	435108	10703274862		
Supplies-MailPosta	6/1/2007	(\$6.49)	\$0.00	\$0.00	\$4.47	436992			6/27/06
Supplies-MailPosta	6/1/2007	(\$1.35)	\$0.00	\$0.00	\$3.12	436994			7/11/06
Supplies-MailPosta	6/1/2007	(\$2.07)	\$0.00	\$0.00	\$1.05	437006			7/11/06
Supplies-MailPosta	6/1/2007	(\$1.05)	\$0.00	(\$1.48)	\$0.00	437047			INDIGENT 8/2/06
Supplies-MailPosta	6/8/2007	\$0.00	\$0.00	(\$8.87)	\$0.00	440657			5/23/07
Medical	6/21/2007	\$0.00	(\$6.00)	\$0.00	\$0.00	446355			6/12/07
								Ending Month Balance:	\$0.00

Total Amount Currently on Medical Hold: (\$14.00)

Total Amount Currently on Legal Hold: \$0.00

Total Amount Currently on Restitution Hold: \$0.00

Total Amount Currently on Other Hold: (\$13.05)